

## Texas House of Representatives Open Records Request Form

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Firm/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

I request to :

\_\_\_\_\_ examine \_\_\_\_\_ purchase a copy of \_\_\_\_\_ the following:

\_\_\_\_\_ audio tape \_\_\_\_\_ video tape \_\_\_\_\_ documents

Bill #:	Session:	
House Committee Name:		
House Committee Meetings:		
Date 1:	Date 2:	Date 3:
House Floor Debate:		
2nd Reading Date:		3rd Reading Date:
Notes:		

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\_\_\_\_\_  
Signature of requestor

\_\_\_\_\_  
Date